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Actions for the further implementation of the Programme of Action of the International Conference on Population and Development

Monitoring the flow of financial resources to support the implementation of the Programme of Action of the International Conference on Population and Development

Report of the Secretary-General

Summary

The present report was prepared by the United Nations Population Fund.

The international community is on the threshold of a new era. With the adoption of the Sustainable Development Goals, Member States are charting a course for post-2015 and finalizing a new sustainable development framework. The 2030 Sustainable Agenda incorporates many of the values and vision of the Programme of Action of the International Conference on Population and Development, including the integrated challenges of poverty, health, education, decent work, gender equality, women's empowerment and the environment, and the centrality of equality and human rights to the fulfilment of sustainable development.

The initiation of the present report on the flow of financial resources to support the implementation of the Programme of Action of the International Conference on Population and Development was requested at the twenty-eighth session of the Commission on Population and Development. It was focused on the resource flows to: family planning; basic reproductive health services; sexually transmitted diseases/ HIV/and AIDS prevention activities; and basic research, data and population and development policy analysis. As such, the analysis of the flow of financial resources for the implementation of the Programme of Action, duly reported since 1997, has

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not, from the outset, embraced its full, far-ranging objectives and actions, but has focused on resource flows to support dimensions of reproductive health. This focus had particular value in the first decade following 1994 to monitor donor and domestic commitments to the paradigm shift of the 1994 Programme of Action of the International Conference on Population and Development identifying reproductive health and rights as a cornerstone of sustainable development.

Today, as trends in both donor and domestic funding have become increasingly integrated across multiple dimensions of health and the health sector, for example, through the establishment of the Global Fund, sector-wide approaches and basket funding for the health sector, and as there has been a growing effort to mainstream the delivery of reproductive health services, including HIV testing and care, within all levels of health-care services, the distinctions between resource flows to basic reproductive health services, sexually transmitted infections and HIV, and family planning have become increasingly blurred, undermining the precision and reliability of these estimates.

Given these concerns regarding the declining precision and reliability of the estimates regarding resource flows to the initially costed package, it is hereby recommended that the Commission review and provide future direction of the annual CPD report on *The Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development*.

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I. Introduction

1. The United Nations Population Fund (UNFPA) has been reporting on donor and domestic financial resources for population activities in developing countries since 1997. The reports were prepared in response to a request by the Commission on Population and Development at its twenty-eighth session (see E/1995/27) for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development held in Cairo in 1994. The reports were part of the work programme of the Commission on Population and Development from 1996 to 2015 and were submitted in accordance with General Assembly resolutions 49/128 and 50/124, in which the Assembly called for the preparation of periodic reports on the flow of financial resources for assisting in the implementation of the Programme of Action.

2. UNFPA initiated the resource flows project in 1997 and chose the Netherlands Interdisciplinary Demographic Institute as its main partner to gather information on funding for population activities. The Joint United Nations Programme on AIDS (UNAIDS) collaborated with UNFPA and the Demographic Institute from 1999 to 2006. With a view to building regional capacity to monitor financial resource flows and to ensure the sustainability of the project, the Indian Institute of Health Management Research joined the collaboration in 2005, followed in 2011 by the African Population and Health Research Center.

II. The resource flows project

3. The resource flows project tracked financial resource flows based on a "costed population package" as described in paragraph 13.14 of the Programme of Action of the International Conference on Population and Development: (a) family planning services; (b) basic reproductive health services; (c) sexually transmitted diseases/human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention activities;[1] and (d) basic research, data and population and development policy analysis.

4. To ensure adequate funding for the implementation of the Programme of Action, UNFPA reviewed the original financial targets in 2009 for the four categories of the costed population package and produced revised estimates to meet current and emerging needs and costs. The revised estimates, which were presented at the forty-second session of the Commission on Population and Development in 2009, were much higher than the original targets of the Conference agreed upon in 1994 because they took into account both current and emerging needs and costs, and interventions, such as AIDS treatment and care, and reproductive cancer screening and treatment, that were not part of the original costed package.

5. The core data for estimating Resource Flows Project has come from two surveys,[2] and from the Organization for Economic Cooperation and Development

[1] As of 2008, to ensure one AIDS figure, all data on HIV/AIDS expenditures were obtained directly from UNAIDS using the broader AIDS definition.

[2] Hagedoorn P, Beets G (2011), *The role of the Resource Flows Project in the field of resource tracking for health*. Background paper on the current initiatives in the field of resource tracking for population and health, and the position of the Resource Flows Project in this field. Netherlands Interdisciplinary Demographic Institute (NIDI).

(OECD) Creditor Reporting System. The two surveys were directed to: (a) donor countries and organizations; and (b) Governments and organizations within a given country. Both surveys solicit financial data for population activities at the project level, and have been collected annually. The donor questionnaire was sent to about 130 organizations, representing the major donors that support population activities[3] and AIDS, including donor countries that were part of the database of the Development Assistance Committee of OECD, as well as those outside it, including multilateral organizations and agencies, major private foundations and other international non-governmental organizations (NGOs) that provided substantial population assistance. Data on AIDS expenditures were obtained directly from UNAIDS.

6. Most information on major donors was obtained from the OECD/DAC database. The OECD Creditor Reporting System database is a much-used source for tracking donor funding, because data is collected at a project level. However, because the OECD aggregates data to large subsectors of health, categories do not necessarily provide very detailed information on the focus or content of health projects. Hence, for countries and multilateral organizations included in the OECD/DAC database, the project data extracted from the Creditor Reporting System was complemented by the survey that sought additional information on resource flows for subcategories of reproductive health and AIDS that are not coded within the that database. A methodology was developed in agreement with OECD whereby projects directed to population activities are selected from the Creditor Reporting System database based on some of the specific codes that OECD uses to classify projects to a given sector. Codes include the estimated percentage of the project directed to population and AIDS. If projects are designated for reproductive health care, then 100 per cent is included. If projects are designated for basic health care, then the proportion devoted to population and AIDS is estimated to be 10 per cent; the basis for the estimate of 10 per cent is unclear.

7. The resource flows project has been unique in translating Creditor Reporting System codes to capture specific dimensions or categories of the International Conference on Population and Development, in this case, family planning services; basic reproductive health services; sexually transmitted diseases/human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention and treatment activities; and basic research, data and population and development policy analysis.

8. One limitation of the OECD/Creditor Reporting System database is that, in order to avoid double counting, only one sector code can be assigned to each project. Hence, in cases in which a given project serves multiple sectors (health, infrastructure, etc.), only the sector receiving the highest proportion of funding receives the code for the overall project.

9. For major donor organizations not included in the Creditor Reporting System database, such as the foundations and NGOs, data was collected solely by questionnaire, requesting information about resource flows at the project level. General (non-earmarked) funds were difficult to track, so the questionnaires included a request that major multilateral organizations estimate the percentage of

[3] UNFPA/NIDI (2008), *The Resource Flows project, Overview and assessment of the data collection process*. Background document for the Resource Tracking Expert Group meeting, New York, 18 November 2008.

their general contributions that go to population activities, and how much of that goes to HIV/AIDS.

10. The resource flows project collected its own data on domestic funding through a survey sent to Governments and NGOs, accompanied by a survey on the national budget completed by the UNFPA country office. A representative of UNFPA completed the questionnaire on the total relevant resource flows of a country, including funding from donors, the domestic government, and private funding by resident sources of the country, and about regarding population activities excluding HIV/AIDS. Data on domestic spending on HIV/AIDS is collected directly from UNAIDS.

11. Although most Governments made every effort to provide the requested information, many were often unable to supply data because of funding, staffing and time constraints. In addition, countries that did not have well-developed systems for monitoring resource flows were unable to provide information, especially given the increasing emphasis on integrated funding, in which funding was pooled within a sector, namely, sector wide approaches, or in large multi-sectoral projects.

12. Domestic resource flow data were always rough estimates because they were often incomplete and not entirely comparable. Most countries with decentralized governments did not have accounting systems that could easily provide information on expenditures for population at subnational levels. While the figures show the overall commitment on the part of developing countries, they concealed the great variation that existed between countries in their ability to mobilize resources for population activities. Most domestic resource flows originated in a few large countries. Many countries, especially those in sub-Saharan Africa and the least developed countries, were not able to generate sufficient resources to finance their own population programmes and relied heavily on donor assistance.

13. The sample of developing countries included within the Netherlands Interdisciplinary Demographic Institute estimates has varied over time, but includes only countries represented by a UNFPA country or regional office. A rotating system was used initially, but a sample of approximately 105 countries has been chosen more recently, on the basis of population size, data availability and geographic balance.

Imperfect categories

14. A growing challenge has been the lack of analytical clarity and distinction between the four categories initially identified, even following revisions in 2009. The growing trend towards integration of services and the use of sector-wide approaches in development assistance has made it increasingly difficult to readily distinguish between expenditures for population and other health-related activities and, within population, between family planning, reproductive health and sexually transmitted disease/HIV/AIDS activities, diminishing confidence in the precision and reliability of the generated estimates on resource flows, both in absolute terms each year, and in terms of the trends in funding year-to-year. In numerous official development assistance and domestic resource commitments family planning is not easily distinguished or separated from basic sexual and reproductive health care, and therefore, expenditures are often lumped together or artificially separated during the estimation exercise. Likewise, sexually transmitted diseases/HIV/AIDS prevention and treatment activities are sometimes funded as part of basic sexual and

reproductive health-care services, and global advocacy to improve service delivery through better integration of sexual and reproductive health and HIV and AIDS services has further inadvertently diminished the ability to estimate distinct resource flows for these categories.

15. For example, in a detailed national review of funding from the Global Fund, a donor that is included within the Resource Flows Project survey, analysts tried to distinguish the extent of national support for the integration of sexual and reproductive health and rights within HIV and AIDS from January 2009 to December 2011, and concluded that a large proportion of active Global Fund HIV-AIDS grants were being expended on activities that supported the integration of sexual and reproductive health services, either directly or indirectly (12-100 per cent),[4] illustrating the challenge of distinguishing between categories in which integration is encouraged. The category of basic reproductive health services was further divided into the four subcategories of: maternal health; abortion; reproductive tract infections (RTIs), cancers of the reproductive system and other reproductive morbidities; and promoting sexual health.[5]

16. The fourth category, "basic research, data and population and development policy analysis", while reliably distinct from family planning, basic sexual and reproductive health care, or the prevention of sexually transmitted diseases, including HIV/AIDS, is nonetheless not well defined. Estimations of overall investments in the collection of single population data sources such as the census, the demographic and health surveys or multiple indicator cluster surveys, can be reliably measured, but domestic support for civil registration and vital statistics, for example, would be more challenging to distinguish. Resources invested in population-related research or training within universities or population research centres are likewise more difficult to distinguish if these are embedded within larger institutional budgets. Finally, it is difficult to estimate what is spent on population and development policy analysis, given that much of this work occurs within the budgets of large university institutions or research centres, or as a subset of work within large bilateral or multilateral agencies.

17. Each year, UNFPA presents its findings in the report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development, which is submitted to the Commission on Population and Development. The Fund has also prepared a number of other documents, including the annual report on financial resource flows for population activities; the advocacy brochure, *Financing the ICPD Programme of Action*; and five regional advocacy brochures. The Netherlands Interdisciplinary Demographic Institute prepared annual projection reports, newsletters focusing on current issues, and periodic thematic reports on such topics as out-of-pocket expenditures, and reproductive health sub-accounts.

[4] Mookherji S, Ski S, Huntington D (2015) Tracking Global Fund HIV/AIDS resources used for sexual and reproductive health service integration: case study for Ethiopia. *Globalization and Health*. 11:21. DOI 10.1186/s12992-015-0106-z.

[5] Distinctions between sexually transmitted infections (listed among the initial categories), and reproductive tract infections (in the subcategory of basic reproductive health), are unclear.

Important tool for advocacy

18. The financial flow reports were intended to be a tool for donor and developing country Governments, multilateral organizations and agencies, private foundations and NGOs to monitor progress in achieving the financial resource targets agreed to at the International Conference on Population and Development, to identify donor and domestic funding gaps and to coordinate financing of key elements of the Programme of Action. Development cooperation officers and policymakers in developing countries were encouraged to use the reports to identify the domestically generated resources and complementary resources from donors needed to finance key elements of the Programme of Action.

19. Users of these data have included a number of stakeholders — bilateral and multilateral institutions and donors working in sexual and reproductive health, civil society and advocates, and Governments themselves. Donors and Governments have shown interest in knowing how their own spending on these areas related to the International Conference on Population and Development compared to that of others, but civil society has been the most visible and consistent user of these data for national, regional and global advocacy for Governments and donors to provide the resources needed to fulfil the commitments of the Programme of Action. For example, as the proportion of resources allocated to HIV and AIDS increased dramatically, civil society has used the resource flow data to argue for greater commitments to integrated resources and programming, to ensure that HIV and AIDS was not funded at the expense of sexual and reproductive health, but in a synergistic manner. The importance of reliable data on resource flows is undeniable for sustaining advocacy for the agenda of the International Conference; from an advocacy perspective overall trends may be arguably more important than precise figures, but those trends require constant and reliable methods of estimation over time.

20. The Commission on Population and Development may wish to consider potential alternative approaches to resource flow reporting, including alternate categories of commitments related to the International Conference on Population and Development that would offer less concern with overlap or blurred distinctions, and/or address specific deficits in global investment. In the former case, a category on resource flows specific to the purchase and distribution of family planning commodities, which UNFPA is currently tracking with the Netherlands Interdisciplinary Demographic Institute, appears to offer greater specificity. With regard to neglected concerns, resources devoted to the screening, diagnosis and treatment of sexually transmitted infections other than HIV may warrant exploration. Such investments have been eclipsed within the former category of sexually transmitted diseases/HIV and AIDS, yet represent an area of limited programmatic development since the International Conference, and a new World Health Organization strategy on sexually transmitted diseases is anticipated in 2016. Any and all potential resource flow categories warrant piloting within the existing data sources for official development assistance; new categories under the International Conference may be identified that better align with the current structure of programme investments, and additional areas of work under the International Conference may be reconsidered for tracking of resource flows to fulfil the Programme of Action.

III. Alternate methodologies

21. When UNFPA and the Netherlands Interdisciplinary Demographic Institute initiated the Resource Flows Project in 1997, there were few alternative methods for tracking donor contributions to specific themes and targets. Since then, a range of new monitoring projects has emerged. Several papers review the range of tracking initiatives used to monitor global aid,[6] several with particular attention to the field of health.

22. The OECD/Development Assistance Committee database continues to be a widely used resource for those tracking broad categories of development aid among major bilateral donors, and as in the Resource Flows Project, is sometimes used in tandem with other sources. For example, the Development Assistance Committee of OECD has been used in combination with the Financial Tracking Service to track resource flows to support reproductive health within humanitarian emergencies.[7]

23. With regard to domestic resources, increasing emphasis has been placed on strengthening national capacity for developing health registry data, and establishing stronger financial monitoring for national ownership and use.[8] Within the health sector, this is manifest in the increasing emphasis on supporting Governments for the generation and use of national health account estimates, which were founded on the OECD System of Health Accounts, and regarding these estimates as the optimal source for national and global tracking.[9] The national health account relies on a wide-ranging collection of data from Governments, insurers, NGOs, social security agencies, private and public health-care providers, among others, supplemented by surveys and interviews to cover any obvious gaps in information. As such, generating a national health account provides an important opportunity for a given country to take stock of current sources of health system data, and identify gaps and priorities for investment. National health accounts are only conducted every few years, yet they are a valuable mechanism to directly strengthen health sector data in countries, and provide a future source of data for domestic resource flows.

24. Adding It Up[10] examines the shortfall in sexual and reproductive health services relative to needs and estimates the added cost of providing a package of such services for all sexually active women and their newborns. The 2014 report suggests that fully meeting the need for modern contraceptive services would cost

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[6] Eiseman, E. and D. Fossum (2005), "The Challenges of Creating a Global Health Resource Tracking System", RAND Corporation, Santa Monica. Center for Global Development (2007) "Following the money: towards better tracking of global health resources". Report of Global Health Resource Tracking Working Group. Center for Global Development, Washington, D.C. Powell-Jackson, T. & A. Mills (2007), A review of health resource tracking in developing countries. In: *Health Policy and Planning*, Advance Access published 20 July 2007 (doi:10.1093/heapol/czm024).

[7] Patel P, Roberts B, Guy S, Lee-Jones L, Conteh L (2009), Tracking official development assistance for reproductive health in conflict-affected countries. *PLoS Med* 6(6): e1000090 doi: 10.1371/journal.pmed.1000090.

[8] Powell-Jackson, T. & A. Mills (2007), "A review of health resource tracking in developing countries" in *Health Policy and Planning*, advance access published 20 July 2007 (doi:10.1093/heapol/czm024).

[9] Ibid.

[10] Singh, Susheela, Jacqueline E. Darroch and Lori S. Ashford (2014), "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014". Guttmacher Institute and UNFPA.

$9.4 billion. Recommended levels of maternal and newborn health care for all women who have a live birth would cost $21.7 billion. Care for women whose pregnancies end in miscarriage, stillbirth and abortion (assuming no change in laws) would cost $2 billion. HIV and other sexually transmitted infections would cost approximately $6 billion. This estimated investment of $39.2 billion (in total) is approximately twice the estimated current levels of global investments for those services.

25. There are at least two contradictory limitations to these estimates. On the one hand, the true costs of scaling these services would be higher than the estimates provided, because the analysis imagines a world where the coverage of sexual and reproductive health care jumps suddenly from current levels to universal coverage, not accounting for the capital investments required to enable universal coverage. The estimates include recurring costs only, and do not include adjustments for the requisite capital infrastructure needed to expand inpatient and outpatient facilities and their full operating costs, laboratories, major equipment, and the like, to bring coverage from current to universal levels. Given the weaknesses in health system infrastructure in many of the poorest countries, where the gap in services is greatest, the added costs would likely be significant.

26. On the other hand, the estimates fail to adjust for the synergies and positive health effects, and hence the potential health cost savings, implicit in universal coverage. For example, if all the unmet needs for family planning were addressed, the demand for maternal and newborn health care and post-abortion care would be lower, leading to significant cost savings. Likewise, if quality information on sexually transmitted infections, including HIV, were universally available, condoms fully accessible, quality sexually transmitted infection screening and treatment services available in all primary health services, the secondary health effects of such infections would be vastly diminished. Hence, rigorous estimations of the costs required to achieve universal sexual and reproductive health care coverage demands more attention, not only to estimated recurring costs, but to the full costs and savings anticipated by a high-quality universal sexual and reproductive health-care system.

27. Further, "Adding It Up" suffers from some of the same limitations associated with the UNFPA/Netherlands Interdisciplinary Demographic Institute estimations of resource flows methodologies associated with the International Conference on Population and Development; namely, it looks only at sexual and reproductive health services. It neglects the costs and potential savings of supporting critical aspects of the demand for sexual and reproductive health services and for eliminating the major determinants of the burden of it, including promoting, protecting and fulfilling reproductive rights, eliminating sexual violence, ensuring gender equality and women's empowerment, and eradicating harmful practices, including child marriage and female genital mutilation. Even securing the fulfilment of the reproductive rights affirmed in the 1994 Programme of Action would reduce the burden of sexual and reproductive ill-health and the corresponding cost of ensuring universal sexual and reproductive health-care services. Resource flow estimations for universal sexual and reproductive health care may offer greater value if they attempt a broader costing exercise that would, at a minimum, include the combined costs and savings of both universal access to such care and the fulfilment of reproductive rights as outlined in the Programme of Action.

28. None of the available costing exercises attempt to estimate current or needed resource flows to fulfil anything close to the broad and comprehensive agenda of the International Conference on Population and Development, including investments in national population data ecosystems, resources for displaced and mobile populations, reaching key populations with special vulnerabilities in sexual and reproductive health and rights, ensuring that all young persons reach their potential, supporting healthy old age, ensuring inclusive urbanization, and other related pillars of the 1994 Programme of Action. Admittedly, the scope of the Programme of Action is too wide to make such a costing exercise feasible in total, but the Commission on Population and Development may want to use the interruption in the current resource flow estimations to reflect on the optimal scope of future estimations.

IV. The way forward

29. The Programme of Action of the International Conference on Population and Development remains a landmark international agreement affirming widespread support across diverse societies for the principle that investing in individual human rights, capabilities and dignity, across multiple sectors and through the life course, is the foundation of sustainable development. These principles were affirmed and elaborated in follow-up reports to the Conference and are echoed throughout the 2030 Sustainable Development Agenda, with explicit targets to be achieved over the coming 15 years.

30. The overlap in vision and values between the Conference beyond 2014 and the 2030 Agenda is substantial, yet while the 2030 Agenda is time bound, the commitments to fulfil the Programme of Action stand in perpetuity.

31. The resource flows project has provided important expertise to the refinement of the overall methodology, including the 2009 adjustments in the definition of categories, but the progressive integration of development aid has diminished the reliability of the current categories. The interruption of the resource flows project data, and potential revisions in the approach, will diminish the opportunity to compare future year-to-year changes in estimated resource flows with those reported from 1997 to 2014, but reaffirming the purpose and reliability of the estimations is ultimately of primary importance. Hence, from an analytical perspective, the Commission is encouraged to undertake a review and provide future direction for monitoring and reporting on the flow of financial resources to support the implementation of the Programme of Action of the International Conference on Population and Development.

32. The international community stands at the threshold of a new era in which development reporting and monitoring systems are being reviewed and newly crafted to measure progress, track the fulfilment of past and new commitments, and evaluate the universality of achievements for the 2030 Agenda. The Sustainable Development Goals indicator framework, including the means of implementation, will be defined and finalized in the course of 2016, and formally agreed upon by Members States during the seventy-first session of the General Assembly in September 2016.

33. Hence, in the light of growing and substantial concerns regarding the declining precision and reliability of the estimates regarding resource flows to the initially

costed package of the International Conference on Population and Development, the Commission is encouraged to reflect on the optimal approach and scope of the annual report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. While national and global frameworks for monitoring development are being renewed, it is an optimal time for the Commission to review future direction of the resource flows project, to ensure the fulfilment of the Programme of Action.